



**MANCHESTER**  
CITY COUNCIL



Predictive modelling and joint  
commissioning: Manchester enhanced  
handyperson pilot



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# Manchester bid

- Part A – to expand an existing Handyperson service to provide coverage by one provider in all wards of the city
  - Increase access
  - Routine jobs
- Part B – to enhance an existing Home from Hospital service
  - Rapid access
  - Make safe jobs, refer on any larger, non-urgent jobs



# Manchester's enhanced bid

What we said we'd do....

Enhance an existing Home from Hospital service by -

- Linking it to Reablement and Hospital discharge
- Create 3 locality hubs
- Contribute to Predictive Risk Model
- Develop joint commissioning protocols for sustainable tender



# Progress to date

1. Linking to Reablement and Hospital discharge
2. Create 3 locality hubs
3. Contribute to Predictive Risk Model
4. Develop joint commissioning protocols for sustainable tender



# Context - spending

The context in which commissioner's have to respond to an ageing population is growing increasingly tougher:

- Major pressures on budgets
- Additional efficiencies having to be found

We know the stats on ageing....

- 1985, 30% over age 50
- 2009, 34%
- 2026, 40%

Dementia costs the economy £17 billion a year.

Next 30 years: could increase to over £50 billion...



# Drivers for commissioning

So the context really is...

- more need,
- more complex need,
- more people living longer with long term conditions.

***And less money to pay for it all.***

So we have to be smarter about what we do with the money that we have – that's the challenge for commissioners



# Getting smarter

Making more of what we already have

Being sharp about bringing in investment

Learning lessons from pilots

Promoting the benefits of what we do well, to partners



# Getting smarter

- Building barriers to greater dependency
  - Promoting services that keep people in lower needs bands
  - Enabling people to be more able at greater age
  - Linking up properly to provide holistic community based support
- Predicting need and focusing resources
  - What is the ‘tipping point’ between needing a little bit of help and being in need?

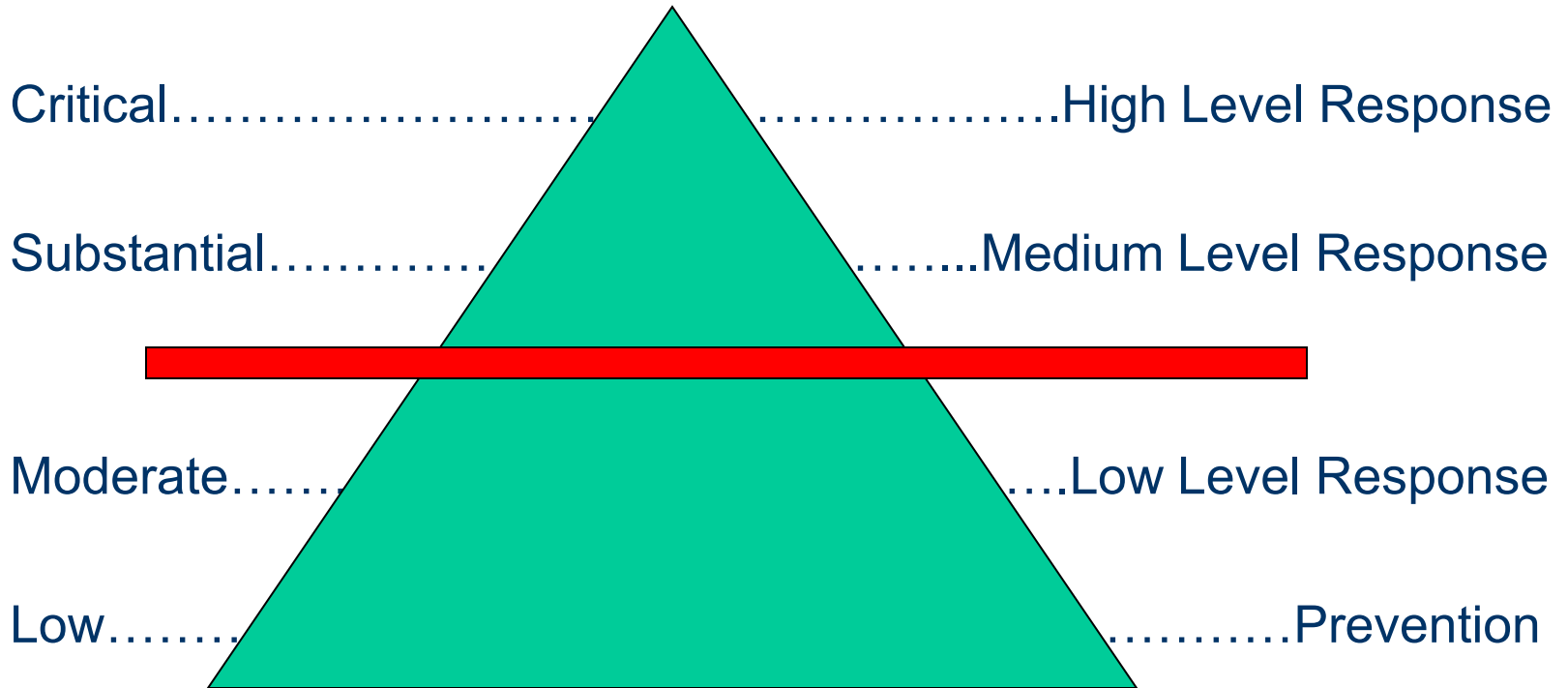


# Predictive Risk Modelling

- Natural part of commissioning
  - Understanding the audience and need for any given service
- Built into needs analysis
  - Understanding how much and where
- Extension to the development of trends
  - Commissioning not a knee-jerk reaction to need
  - Future proofing service delivery



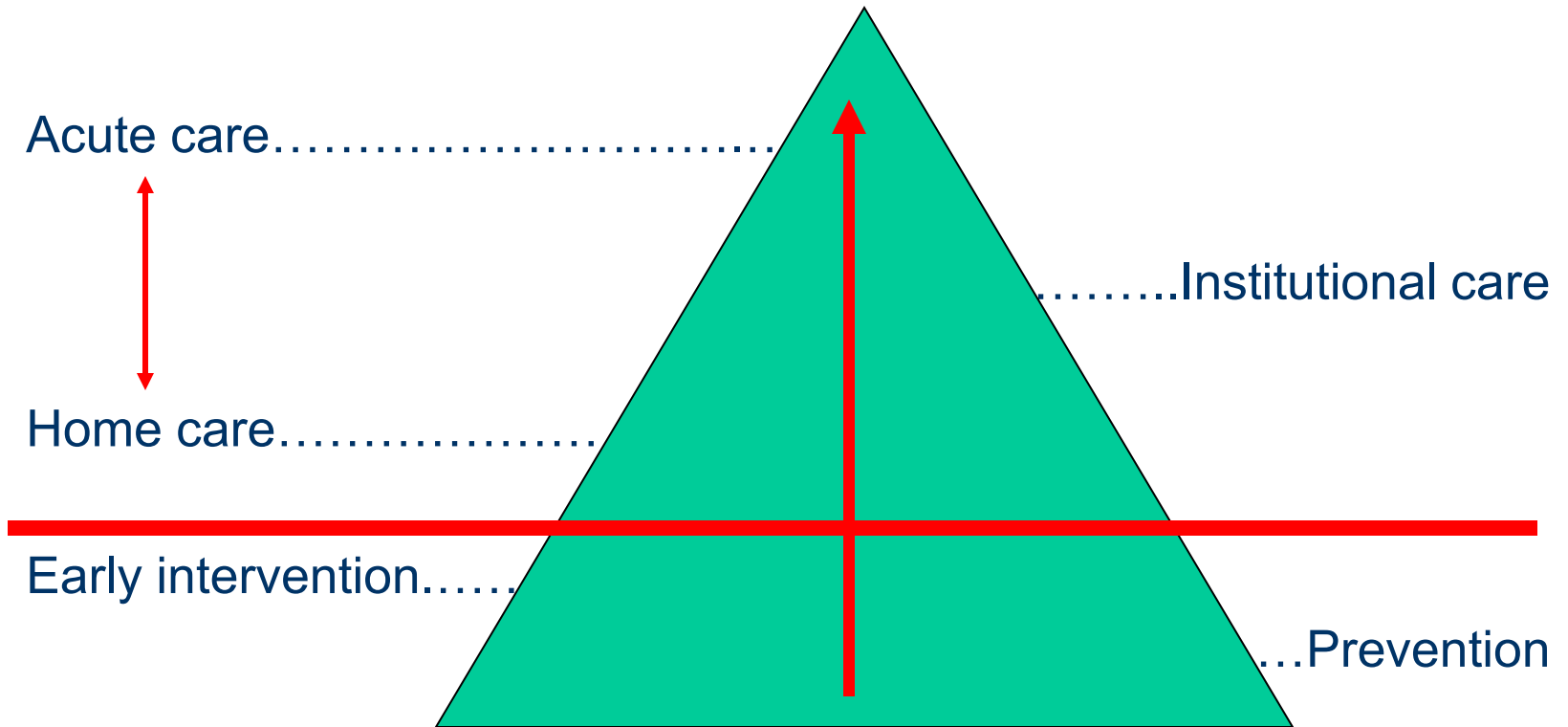
# What are we trying to predict?



Where does need change the most?



# Current picture



# Future picture

More people in low/moderate needs bands  
Require prevention/early intervention

Fewer people need home care as we focus on reduced intervention

Fewer people moving into residential or nursing care Extra Care develops

Smaller number of people needing highest level of intervention



# PRM Pilot

- Movement through needs bands
- Working with Health
- Using one or two wards (highest deprivation indicators) to identify trends
  
- Building flexible services that can be city wide (economies of scale) and focused at a local level where PRM identifies likely highest density future activity



# Future commissioning

- Using PRM to determine trends across needs bands
- PRM can indicate potential peak need areas – both geographical and type of need
- Linking with financial benefits toolkits to evidence the value of early intervention/prevention services



# Joint commissioning

- Commissioning workshop in April:
  - Informed by service review of existing agencies
  - Where we are now
  - Where do these services fit?
  - The task in front of us
  - Agreement on the way forward



# Commissioning Workshop

- Outcomes
  - o Develop a Commissioning Plan
  - o Commitment to deliver resources to achieving the Commissioning Plan
  - o Identify leads to take forward service specifications
  - o Identify leads to take forward tender and procurement of agreed joint commissioned services



# Back to Part B and PRM...

- Using the evidence from Year 1, and building on that.
- We know that the model fits strategic priorities
- Will base service specification on model through evidence
- Will use Financial Benefits Toolkit and PRM pilot to help direct resources/bring in NHSM

